

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40252

1. Entity Name

AWESOME CHASTISERS PROGRESSIVE PINOCHLE ENTERPRI

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90045 003 ****66.25

Principal Place of Business

12425 S.W. 226TH ST.
GOULDS FL 33170

Mailing Address

12425 S.W. 226TH ST.
GOULDS FL 33170-6331

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0484322

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLINS, ANTHONY
12120 SW 271ST STREET
MIAMI FL 33032

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME WALKER, LYDIA E
STREET ADDRESS 12425 SW 226 ST
CITY-ST-ZIP GOULDS FL 33170 ☐ Delete

TITLE TD
NAME BROWN, WAYNE
STREET ADDRESS 12621 S.W. 82 COURT
CITY-ST-ZIP MIAMI, FL. 33176 ☐ Change ☒ Addition

TITLE TD
NAME DE BOSE, ANDRE
STREET ADDRESS 821 NW 6TH AVENUE
CITY-ST-ZIP PLANTATION FL ☒ Delete

TITLE TOUR.DIR.
NAME DE BOSE, ANDRE
STREET ADDRESS 821 N.W. 67TH AVE.
CITY-ST-ZIP PLANTATION, FL. 33117 ☒ Change ☐ Addition

TITLE SD
NAME COLLINS, ANTHONY
STREET ADDRESS 12120 SW 271ST ST
CITY-ST-ZIP MIAMI FL 33032 ☒ Delete

TITLE SD
NAME EVANS, WILLIAM
STREET ADDRESS 13730 JACKSON ST.
CITY-ST-ZIP MIAMI, FL. 33176 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: LYDIA E. WALKER, PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

(305) 258 5959

Daytime Phone #

CR2E037 (9/99)